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Applicant: SCHREIBER, Karl

Appln. S.N.: 10/733,363

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Examiner: Unknown

Group Art Unit: 3746

Information Disclosure Statement by Applicant

Date: May 18, 2004

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U.S. PATENT DOCUMENTS

Examiner's Initials		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
<i>TK</i>	ER	4,490,092	12/1984	Premont			
<i>TK</i>	AR	4,699,567	10/1987	Stewart			
<i>TK</i>	BR	4,718,818	01/1988	Premont			
<i>TK</i>	CR	4,818,176	04/1989	Huetter et al.			
<i>TK</i>	DR	5,486,086	01/1996	Bellia et al.			
	FR						
	GR						
	HR						
	IR						
	JR						
	KR						
	LR						
	MR						
	NR						

FOREIGN PATENT DOCUMENTS

		Document Number	Date MM/YYYY	Country	Inventor Name	Enclosed	No	Enclosed	No
<i>TK</i>	PR	3243887	06/1983	Germany	Premont	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>TK</i>	QR	3515835	12/1985	Germany	Stewart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>TK</i>	RR	3712830	11/1988	Germany	Huetter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>TK</i>	SR	69701831	09/1997	Germany	Goodwin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>TK</i>	TR	0795682	09/1997	Europe	Goodwin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	WR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	XR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER: (Including in this order: Author, Title, Periodical Name, Pertinent Pages, etc.)

<i>TK</i>	YR	German Search Report dated April 4, 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ZR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AAR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	CCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examiner: *T. KIM*

Date Considered: *7/8/05*

*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.